



## **Practicum/Supervised Field Experience Information Sheet**

Student name: \_\_\_\_\_ Program: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

### **Student Information**

NAME: \_\_\_\_\_

ADDRESS (Please include complete mailing address): \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **Placement Information**

AGENCY NAME: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS (complete mailing address): \_\_\_\_\_

\_\_\_\_\_

TYPES OF CLIENTS/PATIENTS: \_\_\_\_\_

### **Supervisor Information I**

SUPERVISOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LIC #: MFT \_\_\_\_\_ LCSW \_\_\_\_\_ Clinical Psychologist \_\_\_\_\_

Board Certified Psychiatrist \_\_\_\_\_ Other \_\_\_\_\_

AAMFT approved \_\_\_\_\_ Date license issued \_\_\_\_\_ State Issuing \_\_\_\_\_ Exp date \_\_\_\_\_

Appropriate verification has been provided \_\_\_\_\_

Agreement in effect from: \_\_\_\_\_ to: \_\_\_\_\_

### **Supervisor Information II**

SUPERVISOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LIC #: MFT \_\_\_\_\_ LCSW \_\_\_\_\_ Clinical Psychologist \_\_\_\_\_

Board Certified Psychiatrist \_\_\_\_\_ Other \_\_\_\_\_

AAMFT approved \_\_\_\_\_ Date license issued \_\_\_\_\_ State Issuing \_\_\_\_\_

Expiration date \_\_\_\_\_ Appropriate verification has been provided \_\_\_\_\_

Agreement in effect from: \_\_\_\_\_ to: \_\_\_\_\_